



## CO-PARENTING SCREENING INTAKE FORM

### I. IDENTIFYING INFORMATION — (personal information will be kept confidential)

Full Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street Address or P.O. Box Apt. #*

\_\_\_\_\_  
*City State Zip*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

**L** Contact Person: \_\_\_\_\_  
(Family member, friend, etc.) *Name Phone Number*

\_\_\_\_\_  
*Address City State Zip*

### II. CHILDREN (Involved in this action)

Name Date of Birth

_____	_____
_____	_____
_____	_____

### III. EMPLOYMENT

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Schedule: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_

### IV. MARITAL STATUS

Current marital status: \_\_\_\_\_ If remarried, how long? \_\_\_\_\_

If divorced, how long? \_\_\_\_\_

In your opinion, what led to the divorce or breakup from the other parent?

\_\_\_\_\_  
\_\_\_\_\_

V. CUSTODY/PARENT-TIME (VISITATION)

Are the terms of your custody/parent-time (visitation) order clear? Yes \_\_\_\_ No \_\_\_\_

Are the terms of your custody/parent-time (visitation) order being met? Yes \_\_\_\_ No \_\_\_\_

If not, what is your complaint? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For non-custodial parents only:**

In the past 30 days:

1. How many days were you supposed to see your child(ren)? \_\_\_\_\_

2. How many days did you actually see your child(ren)? \_\_\_\_\_

In your opinion, what needs to be done to resolve the problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has there been domestic violence in the family? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a current action regarding child support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when was the action filed? \_\_\_\_\_